Political Organization Notice of Section 527 Status

OMB No. 1545-1693

epartment of the Treasury ternal Revenue Service			
Part I General Informatio	n		
Name of organization	CAMPSISM		Employer identification number
2 Mailing address (P.O. Box or nu	mber, street, and foom or suite nu	mher)	136 4302191
1423 SANORA		mber)	
City or town, state, and ZIP cod	le		
tt. Myons	FL 33901		
3 E-mail address of organization	ao I. con		
4a Name of custodian of records	4b Custo	dian's address	
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provie k 100	\mathcal{A}	Mune 11 276.	/
5a Name_of contact person	5b Conta	Myens, 1 334c	/
		13 50~0-2.4 ON.	
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	n (if different from mailing address	nyens M 33	3901
6 Business address of organization	n (if different from mailing address	shown above). Number, street, ar	nd room or suite number
City or town, state, and ZIP cod	le		
Purpose			
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Part III List of All Related	Entities (see instructions)		
8a Name of related entity	8b Relationship	8c Address	
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List of All Officers, Directors, and Highly Compensated Employees (see instructions) a Name 9b Title 9c Address		
Name	9b Title	9c Address
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α/a		

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Under negaties of perior	rv. I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the Intern
Revenue Code, and that	I have examined this notice, inclu	iding accompanying schedules and statements, and to the best of my knowledge and beli-
it is true, correct and co	omplete.	•
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Signature of auth	orized official	Date